

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

APPLICANT(S)

09/431371

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEF.	INO.	DEF.	INO.	DEF.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
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41	/					
42	/					
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL INO.	6					
TOTAL DEF.	36					
TOTAL	42					

	1		2		3	
	INO.	DEF.	INO.	DEF.	INO.	DEF.
61						
62						
63						
64						
65						
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100						
TOTAL INO.						
TOTAL DEF.						
TOTAL						